



MEDICAL POWER OF ATTORNEY

From: _____ Full name(s) of Parent(s) or Guardian(s)

To: NORTH BALTIMORE AQUATIC CLUB, INC.

We (I) _____ (Full name(s) of Parent(s) or Guardian(s))
of _____ (Residential Address)

_____ (Emergency Telephone Number(s)).

We (I) do hereby appoint John Thomas Himes, Head Coach of the North Baltimore Aquatic Club, Inc., or his designee, our true and lawful attorney in fact, with full power in loco parentis, to decide upon and consent to the rendering of any medical treatment, including surgery, which he deems in the best interest of the health and welfare of our child (or children):

_____ (Insert the name(s) of the child or children)

This power of attorney shall be effective during such period of time as we, or either of us, may for any reason not be available to give our consent to any medical treatment including surgery for our child (or children), during the duration of the 2020-2021 season. This power of attorney shall not be affected by the disability of either or both of us but shall continue in full force and effect during any such disability.

Executed this _____ day of _____, 2021.

(Signature of Parent/Guardian)

(Signature of Parent/Guardian)

(Signature of Witness)

MEDICAL INFORMATION/ INSURANCE

Swimmer's Name(s): _____

INSURANCE: Coverage for accidental injury is required by all participants. Please mail/fax in a copy your current Insurance Card/Information with this form. If, for any reason we need to take your child to the hospital, this will help streamline the administrative process. Please complete the health care information below:

HEALTH INSURANCE CARRIER: _____

Phone: _____

POLICY and/or GROUP NUMBER: _____

I consent to my child's participation on the 2021-2022 NBAC Swim Team and certify that he/she is in good health and able to participate in the program activities.

I (CIRCLE ONE) AM / AM NOT attaching a statement explaining special physical limitations.

_____/_____/2021
(Signature of Parent/Guardian) (Signature of Parent/Guardian) Date